



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
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June 23, 2010

Russell McCoy, Administrator
Rulon House
415 South Arthur
Pocatello, Idaho 83204

RE: Rulon House, Provider #13G020

Dear Mr. McCoy:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Rulon House, on June 17, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

Russell McCoy, Administrator
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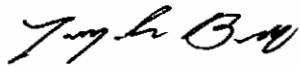
within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 6, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,



TAYLOR BARKLEY
Health Facility Surveyor
Fire Life Safety & Construction Program

TB/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G020	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2010
NAME OF PROVIDER OR SUPPLIER RULON HOUSE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2369 RULON POCATELLO, ID 83201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a two story, type V(000) residential type building with waived sleeping rooms on both levels. There are ground level exits on each level. It is sprinklered in living areas and closets. There is a complete fire alarm system with full smoke detection coverage. Currently it is licensed for 8 ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on June 17, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, adopted 11 March, 2003. In accordance with 42 CFR 483.470.</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000	<p>RECEIVED</p> <p>JUL 06 2010</p> <p>FACILITY STANDARDS</p>	
K 130	<p>NFPA 101 MISCELLANEOUS</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to ensure that Transfer grilles were not installed in corridor walls or doors. The facility had a census of eight clients on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour on June 17, 2010 at 9:24</p>	K 130	<p>The facility will install a solid replacement door where the previous door was installed. Now that the facility is aware of the standard, compliance will be simple and make-up air will be drawn from a different source. A plumbing contractor will inspect the facility and make recommendations that will meet code.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Executive Director

06/30/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 130	Continued From page 1 AM, observation of the door to the laundry room revealed that two transfer grilles had been installed. All findings were noted by the Surveyor and Facility Maintenance Manager. This deficiency affected all staff and clients present on the day of the survey. Actual NFPA Standard NFPA 101 - 2000 Edition 33.2.3.6.2 No louvers or operable transoms or other air passages shall penetrate the wall, except properly installed heating and utility installations other than transfer grilles. Transfer grilles shall be prohibited.	K 130	Person Responsible: Sam Guyette, Physical Facilities Manager, Russell McCoy, Executive Director. Target Completion Date: August 1, 2010.	
K0014	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish is Class A or Class B in accordance with section 10.2, 33.2.3.2. There are no requirements for interior floor finish. Exception: Class C interior wall and ceiling finish is permitted in prompt evacuation capability facilities. This Standard is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure that the interior finish of the facility was Class A or Class B. The facility had a census of eight clients on the day of the survey. Findings include:	K0014	The class C interior finish will be removed and replaced with a frame and sheet rock wall including an approved door for access. Person Responsible: Sam Guyette, Physical Facilities Manager, Russell McCoy, Executive Director. Target Completion Date: August 1, 2010.	

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K0014	Continued From page 2 During a tour of the facility on June 17, 2010 at 9:20 AM, observation of the laundry room revealed that wood paneling of an unknown finish classification had been installed on one of the walls in the room. All findings were noted by the Surveyor and Facility Maintenance Manager. This deficiency affected all staff and clients present on the day of the survey.	K0014			

Bureau of Facility Standards

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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a two story, type V(000) residential type building with waived sleeping rooms on both levels. There are ground level exits on each level. It is sprinklered in living areas and closets. There is a complete fire alarm system with full smoke detection coverage. Currently it is licensed for 8 ICF/MR beds.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on June 17, 2010. The facility was surveyed under the LIFE SAFETY CODE, 1976 Edition, "Lodging and Rooming Houses" contained in Chapter 11, "Lodging and Rooming House Occupancies" and applicable provisions of Chapters 01 through 07, Chapter 17 and Appendices A and B of the Life Safety Code, Impractical Evacuation Capability in accordance with IDAPA 16.03.11.</p> <p>The annual fire/life safety survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction</p>	M 000	<p>RECEIVED</p> <p>JUL 06 2010</p> <p>FACILITY STANDARDS</p>	
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:</p> <p>Refer to federal deficiencies listed on the CMS 2567 form.</p> <p>1. K0130 Transfer Grills</p>	MM309		Please refer to K130.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

021199

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If continuation sheet 1 of 2

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Bureau of Facility Standards

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MM309	Continued From Page 1 2. K014 Interior Finish	MM309	Please refer to K0014.	

STATE FORM

021199

0KRU21

If continuation sheet 2 of 2